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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/084,575
		Filing Date	February 27, 2002
		First Named Inventor	Nair et al
		Art Unit	1654
		Examiner Name	Tate
Total Number of Pages in This Submission	9	Attorney Docket Number	NP4039.1.P2

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ENCLOSURES (check all that apply)

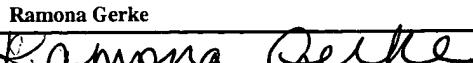
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lynn Schwenning		
Signature			
Date	12/30/2003		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

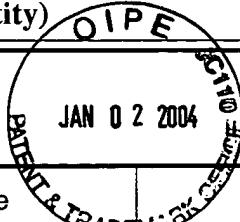
Typed or printed name	Ramona Gerke		
Signature		Date	December 30, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
(Large Entity) 

Docket No.
NP4039.1.P2

In Re Application Of: Nair et al



Serial No.
10/084,575

Filing Date

Examiner
Tate

Group Art Unit
1654

Invention:

Dietary Food Supplement Containing Natural Cyclooxygenase Inhibitors and Methods for Inhibiting Pain and Inflammation

TO THE COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 7/30/2003 above-identified application.
Date

The requested extension is as follows (check time period desired):

<input type="checkbox"/> One month	<input checked="" type="checkbox"/> Two months	<input type="checkbox"/> Three months	<input type="checkbox"/> Four months	<input type="checkbox"/> Five months
from: <u>10/30/2003</u> <i>Date</i>	until: <u>12/30/2003</u> <i>Date</i>			

The fee for the extension of time is **\$420** and is to be paid as follows:

A check in the amount of the fee is enclosed.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account No. 01-1793

If an additional extension of time is required, please consider this a petition therefor and charge
any additional fees which may be required to Deposit Account No. 01-1793

Dated: 12/30/2003

01/08/2004 AAD0F01 00000015 011793 10084575

01 FC:1252 420,00 DA

I certify that this document and fee is being deposited on **12/30/2003** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ramona Gecke

Signature of Person Mailing Correspondence

Ramona Gerke
Typed or Printed Name of Person Mailing Correspondence

cc: